



Global Education – International Programs

STUDY ABROAD INFORMED CONSENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY FORM

Spokane Community College
MS 2151
1810 N Greene Street
Spokane WA 99217-5399 USA
509-533-8659 / 509-533-8683 Fax

Spokane Falls Community College
MS 3011
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Spokane WA 99224-5288 USA
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THIS IS A CONTRACTUAL RELEASE OF LEGAL RIGHTS - PLEASE READ AND UNDERSTAND BEFORE SIGNING

Name of Applicant/Releasers: _____

Applicant Student ID number: _____

Study Abroad Program: _____

Date of Program: _____

As a participant in a CCS Study Abroad Program, I hereby agree as follows:

Institutional Release

I, the undersigned, an applicant for admission to Community Colleges of Spokane (CCS) academic program abroad, do waive and release any and all claims against the State of Washington, CCS, and their officers, agents, employees, agents, and departments and the host institutions abroad for any injury, accident, or damages caused by any vehicle, participation in any activities involving recreation or entertainment outside my required academic curriculum, act of war, weather, strike, sickness, quarantine, terrorist activity, government restriction or regulation, or other firm, agency (government or private), company or individual. I also release the State of Washington, CCS, and their officers, agents, employees, agents, and departments and the host institutions abroad and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in this study abroad program. I do waive and release all claims, demands or causes of action against the State of Washington, CCS, and their officers, agents, employees, agents, and departments and the host institutions abroad for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strike, war weather, sickness, quarantines, service, hotel, restaurant, school, University or other firm, facility company or individual.

1. General Risks for Travel and Living Abroad

I understand that all travel and living abroad involves some risk, including but not limited to, foreign political and legal conditions, social or labor unrest, terrorist activities, mechanical or construction activities, language barriers, crime, disease, consumption of food, war, natural disasters, adverse weather conditions, safety hazards, abnormal conditions or development, or any actions, omissions or conditions outside the CCS's control. I further understand that as part of living abroad that I may elect to engage in activities involving recreation and entertainment outside of my required academic curriculum that could pose risk of injury, illness, property damage, disability, or death. I understand that information and recommendations concerning immunizations, medicines, and travel warnings are available as follows:

- The United State Department, which issues Travel Warnings, Travel Alerts and Country Specific Information at: http://travel.state.gov/travel/cis_pa_tw/1168.html;
- The World Health Organization, <http://www.who.int/csr/alertresponse/en>; and
- The Centers for Disease Control, via the International Travelers Hotline at 1-877-FYI-TRIP (1-877-394-8747) or at <http://wwwn.cdc.gov/travel>.

- (Note all website references are accurate as of August 2014)

I hereby agree to assume such risk that is inherently part of foreign travel and living abroad, including but not limited to, recreational and entertainment activities that are outside of my required academic curriculum as a condition of my acceptance and participation in this program abroad. I hereby waive and release any and all claims against the State of Washington, CCS, and their officers, agents, employees, agents, and departments and the host institutions abroad or in the U.S. for any injuries, damages or losses incurred in connection with travel and living abroad. By participation in this program I voluntarily assume all risks involved in such travel and presence abroad, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate actions and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some or many of the perils noted, and that I may opt to insure myself should I choose to at my own expense.

2. Health and Safety

I hereby grant CCS and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decision or actions as may be taken in connection therewith. I authorize CCS and its agents, at their discretion to place me, at my own (or my parents or guardians) expense, and without further consent, in a hospital within or without the United States by commercial airline or other accessible conveyance, and I assume responsibility for the expenses involved. Either myself or my parents or guardian will reimburse any funds advanced to me for any purpose upon demand. Failure to reimburse CCS could result in the imposition of collection of costs, including attorney's fees. I have been advised that I must be obtain and maintain adequate emergency and non-emergency health and accident insurance at my own expense, valid in and out of the United States of America, during the entire period of my study abroad program.

3. Standards of Conduct

I agree to comply fully with the rules of the Community Colleges of Spokane and its agents, its host institution(s) abroad, and/or travel entities/companies. I agree that CCS has the right to enforce its standards of conduct [Student Code of Conduct](#) and that should I fail to comply with them that the Community Colleges of Spokane has the right to terminate my participation in the program with no refund of moneys paid. In the event of termination, I agree to be sent home at my own or parents/guardians expense. I understand that this is an organized program of study and that group standards must be observed. Lead program faculty will provide orientation opportunities for students to become aware of applicable laws, definitions of criminal activity and consequences in study abroad country of destination.

4. Compliance with Supervisors

Except for those periods designated as free time, I will at all times remain under the supervision of the Community Colleges of Spokane or its agents and I will comply with rules, standards, and instructions for student behavior. I hereby waive and release any and all claims against the CCS and its agents arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that CCS and its agents, host institution(s), travel facilitators, etc. have the right to terminate my participation at any time for failure to maintain standards or for any actions or conduct which CCS and/or agents deem to be incompatible with the interests, harmony, comfort and welfare of other students.

5. Independent Travel

It is also my understanding that the Community Colleges of Spokane, its agents, its host institutions, etc., are not responsible either for any injury or loss whatsoever suffered by me during periods of independent travel (which I further understand are at my own expense and arranged by me individually, separate from the academic program of CCS), or during any absence from the academic program of CCS and/or its agents and/or its host institution(s). I will accept the will of the majority whenever a matter of choice is presented by the group.

6. Publicity Release

I grant permission to CCS and the host institutions to photograph me during my participation in the International Program and to I consent to the use of any photograph likenesses of me or comments made by me during my participation in all forms and media and in all manners including composites for publicity material. Further, I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith.

7. Program Changes

I understand that CCS and its agents reserve the right to make changes in initial campus assignments, academic center, etc., and to make alterations in programs, itineraries, schedules and academic calendar they deem appropriate.

Referenced Individuals

CCS: All references in this release form to CCS and its agents shall include: CCS and all its officers, directors, staff members, campus directors, chaperones, group leaders, faculty members, administrators, advisors and agents and host institution(s), homestay families and program personnel.

PARENTS: All references to the "parent" of the applicant shall include the persons who are legal guardians or responsible for the applicant until the applicant turns 18 years of age.

I have read the terms and conditions set forth in the CCS's descriptive information on this program, which are incorporated herein by reference, and I agree that these constitute a part of the **Informed Consent, Assumption of Risk and Release of Liability Form** with CCS. I understand and agree to all of the CCS's terms as set forth in the descriptive information and in this Informed Consent, Assumption of Risk and Release of Liability Form. I further understand that this agreement shall take force only upon my acceptance by CCS.

Signature of Applicant _____ Date _____

Printed Name _____

I certify that I am the parent or guardian of the above-signed applicant and that I have read the foregoing Informed Consent, **Assumption of Risk and Release Form** and examined the information in the program description. I hereby join in each and every part of the Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I may have against CCS or its agents (as set forth above), both on my own behalf and in my capacity as legal representative (as applicable) of the applicant, including without limitations any claims arising as a result of the applicant leaving the supervision of Community Colleges of Spokane, its agents or host institutions(s) in the USA and abroad.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____